

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution –General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 1-12-05.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits from 1-16-04 – 10-4-04 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute to be resolved.

On 1-28-05 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

CPT code 99080-73 on 3-18-04, 4-8-04, 5-14-04, 6-14-04, 7-28-04, 10-4-04 was denied by the carrier with a "V – unnecessary medical treatment. The TWCC-73 is a required report and is not subject to an IRO review per Rule 129.5." This dispute will be referred to Compliance and Practices for this violation of Rule 129.5. The Medical Review Division has jurisdiction in this matter and, therefore, recommends reimbursement. Requestor submitted relevant information to support delivery of service. **Recommend reimbursement of \$90.00.**

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the Respondent to pay the unpaid medical fees totaling \$90.00 from 3-18-04 through 10-4-04 outlined above as follows:

- In accordance with Medicare program reimbursement methodologies for dates of service on or after August 1, 2003 per Commission Rule 134.202 (c);
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this Order.

This Decision and Order is hereby issued this 21st day of April 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

Envoy Medical Systems, LP

1726 Cricket Hollow

Austin, Texas 78758

Fax 512/491-5145

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 29, 2005

Re: IRO Case # M5-05-1379 –01 amended 4/19/05

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed in Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Reviews 1/16/03, 7/2/03 Dr. Doone
4. TWCC 69 report 4/28/03

5. IR and MMI report 4/28/03 Dr. Parsons
6. MDR request 2/24/05
7. Treatment notes, NIT
8. Progress notes Dr. Lampert
9. Reports Dr. Hirsch
10. Biofeedback treatment plan 5/2/03 NIT
11. Daily therapeutic exercise logs NIT
12. Report 6/2/03 Dr. Denno
13. Report 4/26/04 Dr. K
14. PPE reports NIT
15. FCE reports NIT
16. Post discogram CT report 5/7/04
17. DD report 2/18/03 Dr. Kelly
18. WH evaluation 8/8/03 NIT
19. WH notes NIT
20. TWCC work status reports

History

The patient injured his lower back in ____ when he slipped and fell while pushing a dolly up a muddy hill. Chiropractic treatment at NIT was initiated on 11/1/02. X-rays, an MRI and a discogram/CT were obtained. The patient was treated with injections, medication, biofeedback, and a work hardening program.

Requested Service(s)

Office visit level III, office visit level IV 1/16/04 – 10/4/04

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

The patient received an extensive course of treatment from NIT that failed to be of benefit to him. There is little, if any, documented relief of symptoms or improved function from the date of the initial visit on 11/1/02 through the last date in this dispute, 10/4/04. The patient's condition did not change during this period. His VAS remained at 8/10 consistently during his treatment. The patient should have been referred to a specialist after the first three months of treatment, as the patient failed to respond to the chiropractor's treatment. The patient was placed at MMI on 4/28/03, and after that date further treatment and services should have been reasonable and effective in relieving symptoms and improving function. In this case, treatment failed. The D.C.'s ongoing treatment and office visits were inappropriate and over utilized after the MMI date. The documentation related to level III and Level IV office visits failed to show that the visits cured or relieved the effects of the injury, promoted recovery or enhance the ability of the patient to return to work.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Daniel Y. Chin, for GP